



The Continuum of HIV Care — California, 2011



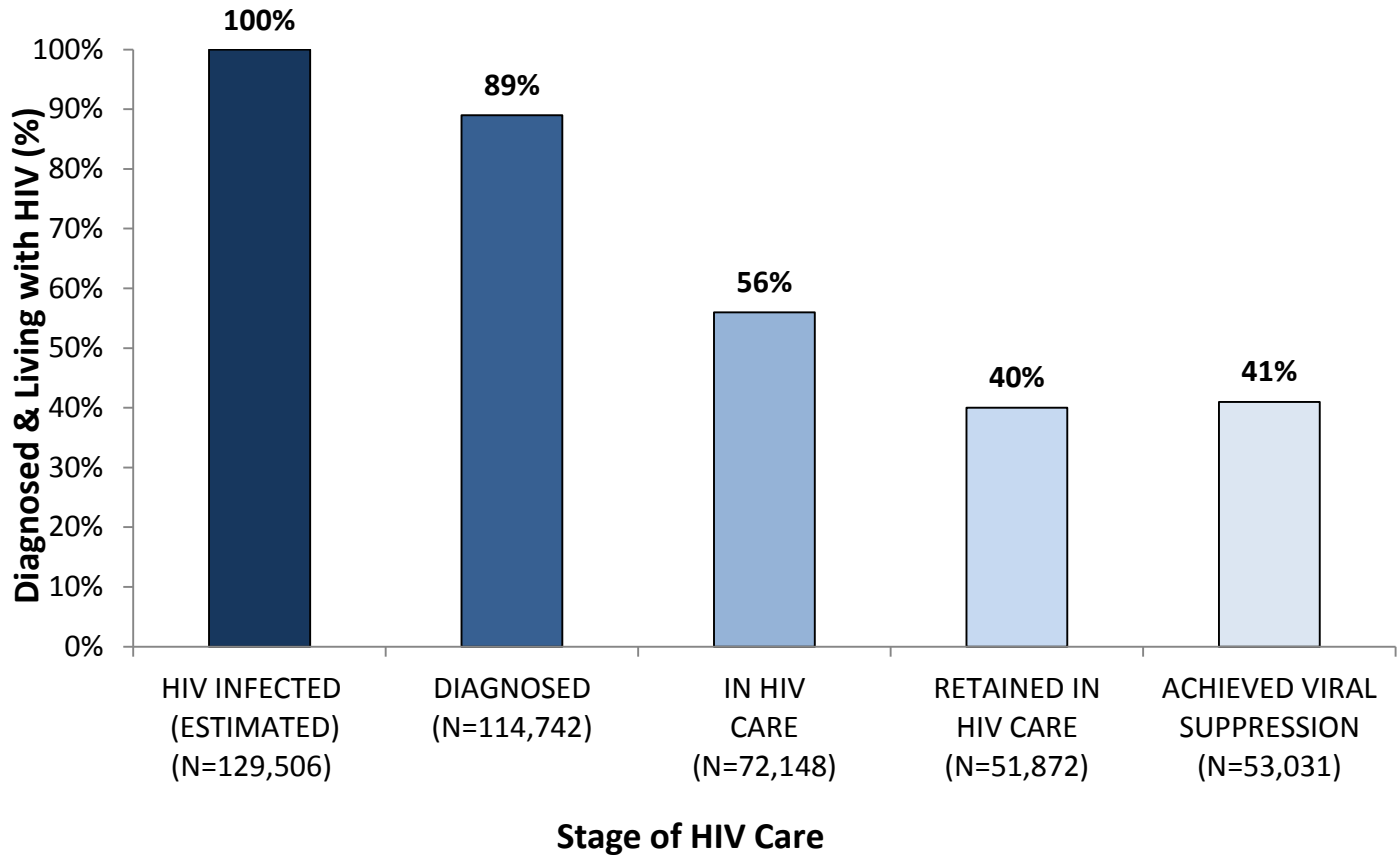
The California Department of Public Health (CDPH), Center for Infectious Diseases, Office of AIDS (OA) has developed Continuums of HIV Care for persons living with HIV in California. The Continuum of HIV Care is a model that outlines the stages of HIV medical care that people living with HIV go through, from initial diagnosis to viral suppression. The Continuum shows the proportion of people living with HIV who are engaged in each stage of care.

This report includes all persons diagnosed and living with HIV infection who were alive as of December 31, 2011 and living in California, and an estimate of the number of persons who are living, but not yet diagnosed with HIV. The data were extracted from the California HIV Surveillance System 12 months after the end of the calendar year to allow for delays in case and laboratory reporting.

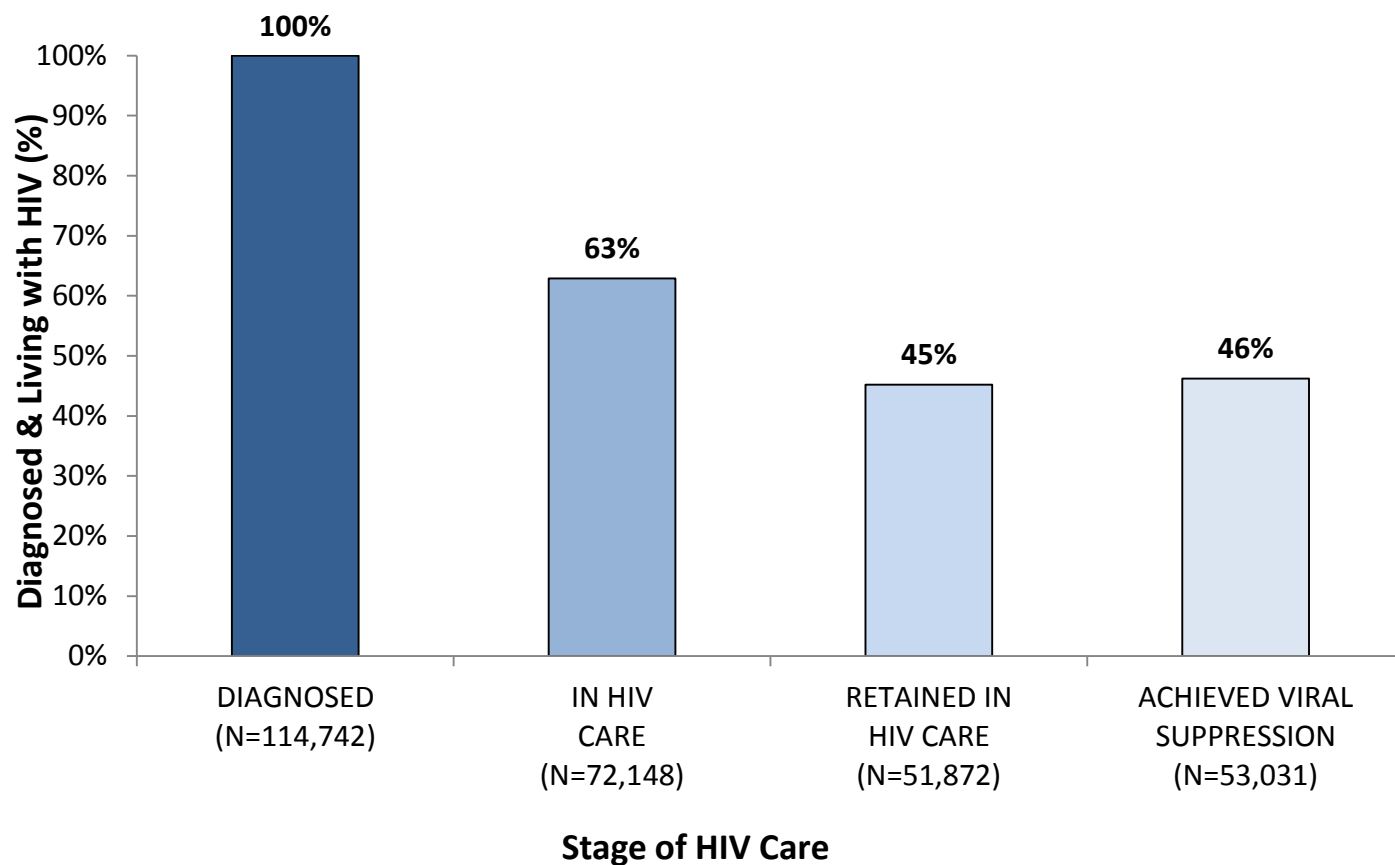
Highlights from the Continuum of HIV Care — California, 2011

- Of the estimated 129,506 persons living with HIV in California during 2011, about 89 percent (114,742 persons) had been diagnosed, and 41 percent (53,031 persons) achieved viral suppression.
- Among the 114,742 persons diagnosed and living with HIV in California during 2011, 46 percent (53,031 persons) achieved viral suppression.
- Engagement in care and viral suppression among adults generally increased with age. Diagnosed persons 13–24 years old had the lowest viral suppression (30 percent) and persons 65 and older had the highest level of viral suppression (52 percent).
- Men were more likely to be virally suppressed than women (47 percent versus 42 percent). Transgender persons were somewhat more likely to be engaged in HIV care than non-transgender persons.
- Whites, Asians, and multi-racial persons were most likely to be virally suppressed. Black/African American and Hispanic/Latino persons had similar levels of engagement in care (62 percent) as Whites (63 percent); however, Black/African American and Hispanic/Latino(a) persons were less likely to be virally suppressed (40 percent and 45 percent, respectively) compared to Whites (49 percent). American Indian/Alaska Native and Native Hawaiian/Pacific Islander persons had the lowest levels of viral suppression (37–38 percent).
- Men who have sex with men had the highest levels of viral suppression (49 percent). Persons who inject drugs had the lowest viral suppression (36 percent) compared to all other major risk groups.

Figure 1. The Overall Continuum of HIV Care: All Persons Living with HIV Infection — California, 2011

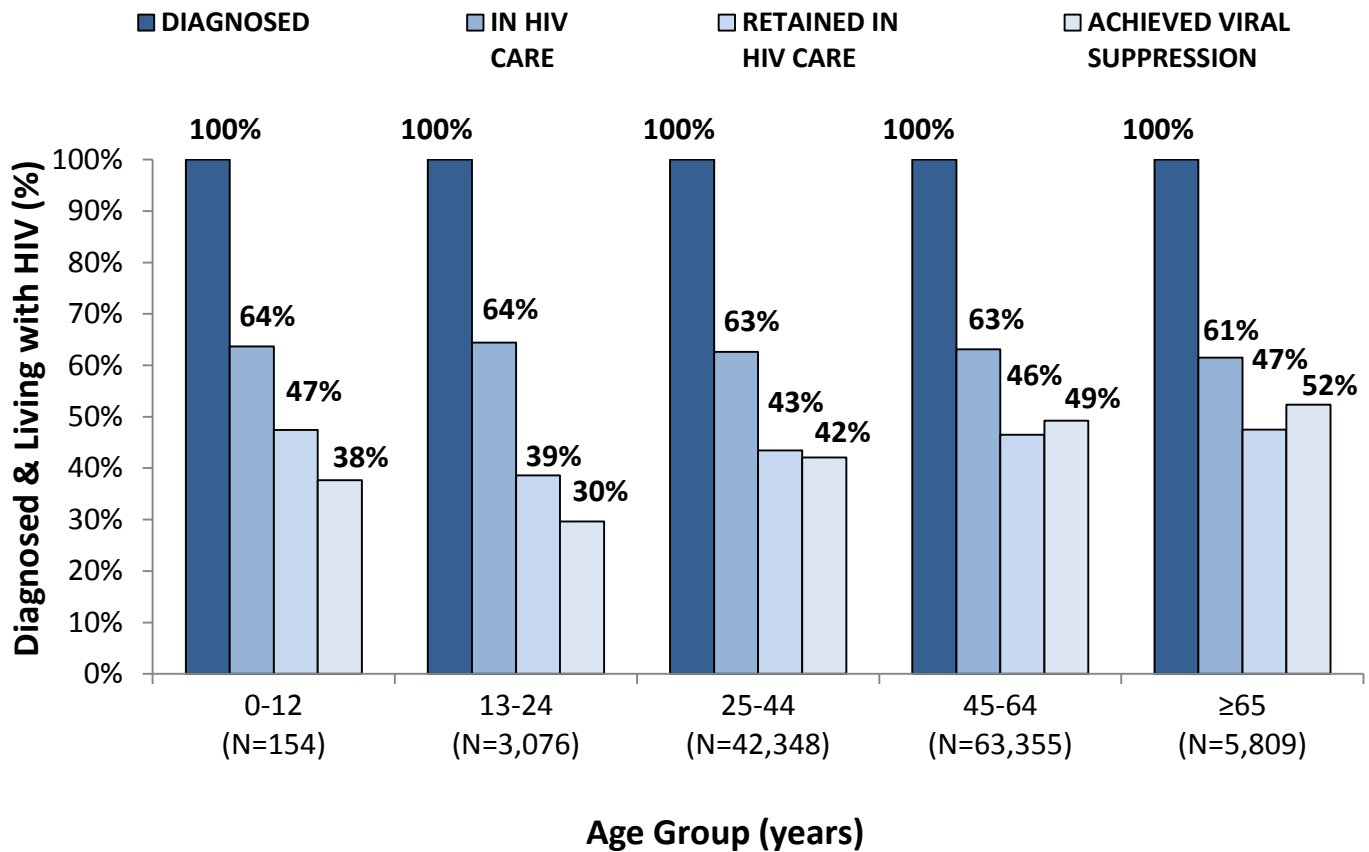


The estimated number of persons living with HIV infection are California-specific estimates calculated using the Centers for Disease Control and Prevention's (CDC) 'Back Calculation Method,' which estimates prevalence of diagnosed and undiagnosed HIV-infected persons. The estimated prevalence data are also adjusted for reporting delays, missing or incorrect data, and under-reporting. Diagnosed persons met the CDC surveillance case definition for HIV infection, and were presumed to be alive and living in California if no death document was received and they were residing in California as of the last known address. Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be engaged in HIV care. Persons who had two or more CD4, viral load or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year were considered retained in care. Persons whose most recent viral load test result during the calendar year was ≤ 200 copies/ml were considered to be virally suppressed for HIV. Note that 671 cases alive at some time during the year were no longer alive at the end of the calendar year and were excluded from the figure.

Figure 2. The Continuum of HIV Care: All Persons Diagnosed and Living with HIV Infection — California, 2011

Diagnosed persons met the Centers for Disease Control and Prevention surveillance case definition for HIV infection, and were presumed to be alive and living in California if no death document was received and they were residing in California as of the last known address. Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be engaged in HIV care. Persons who had two or more CD4, viral load or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year were considered retained in care. Persons whose most recent viral load test result during the calendar year was ≤ 200 copies/ml were considered to be virally suppressed for HIV. Note that 671 cases alive at some time during the year were no longer alive at the end of the calendar year and they were excluded from the figure.

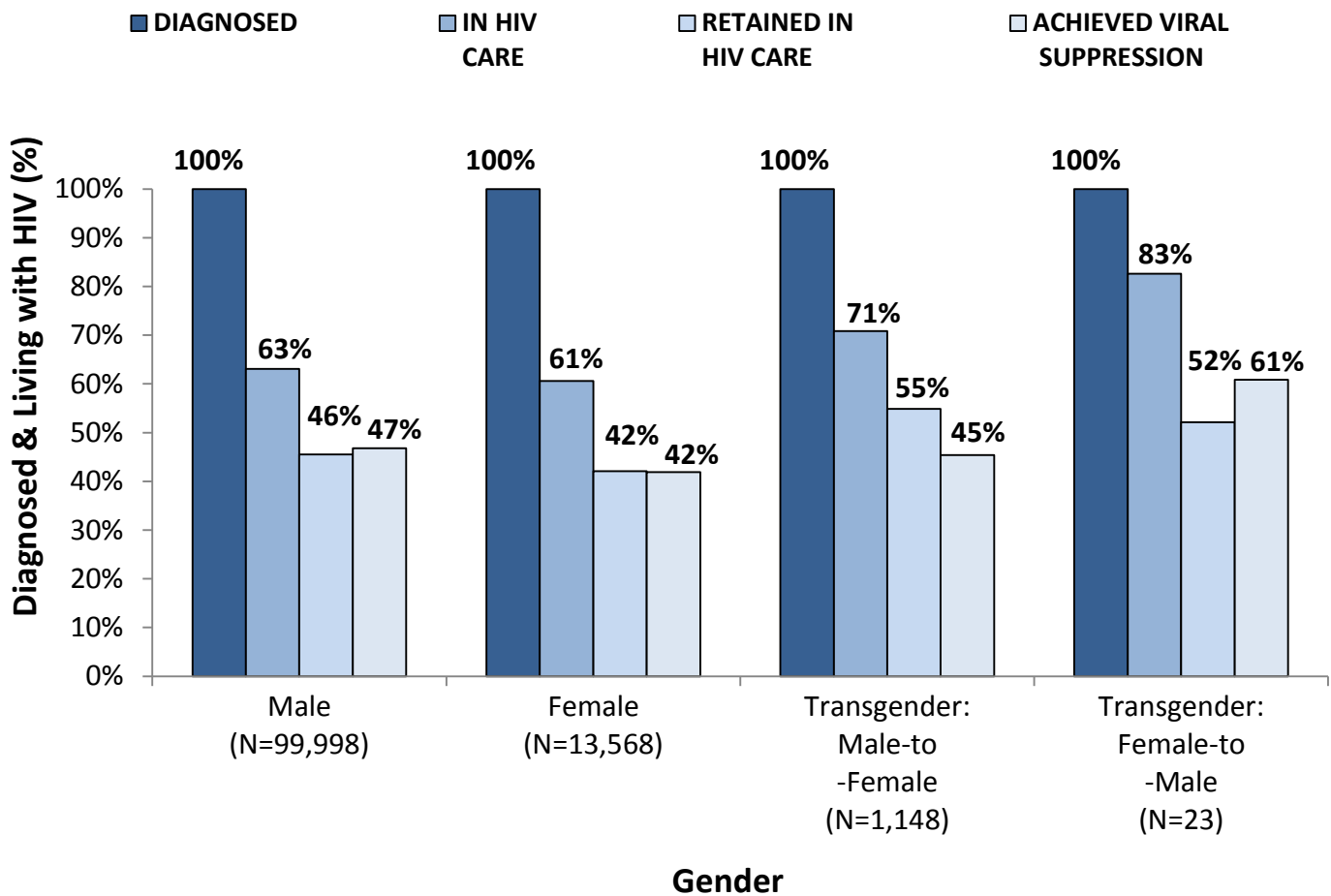
Figure 3. The Continuum of HIV Care by Age Group: All Persons Diagnosed and Living with HIV Infection — California, 2011



Diagnosed persons met the Centers for Disease Control and Prevention surveillance case definition for HIV infection, and were presumed to be alive and living in California if no death document was received and they were residing in California as of the last known address. Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be engaged in HIV care. Persons who had two or more CD4, viral load or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year were considered retained in care. Persons whose most recent viral load test result during the calendar year was ≤ 200 copies/ml were considered to be virally suppressed for HIV. Note that 671 cases alive at some time during the year were no longer alive at the end of the calendar year and they were excluded from the figure.

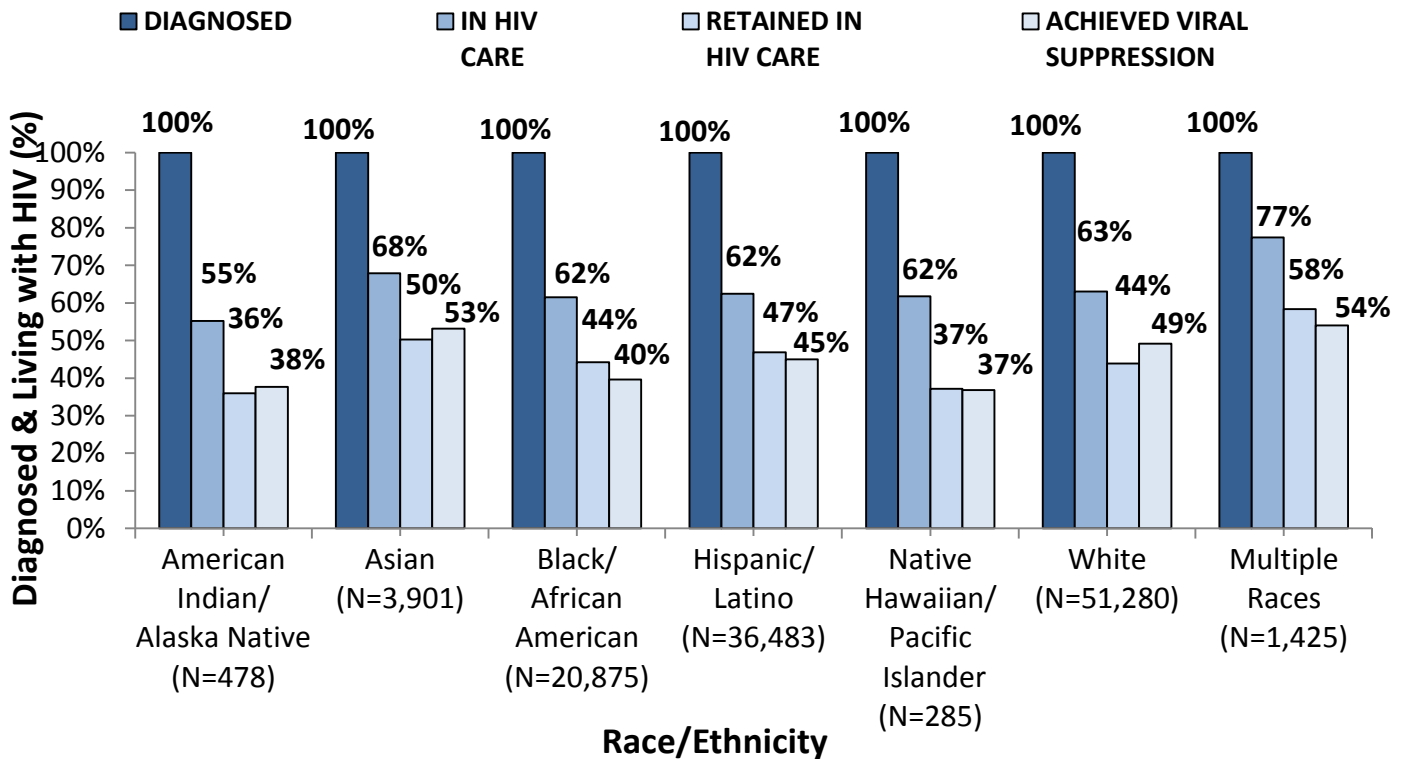
Age was calculated as of the last day of the calendar year.

Figure 4. The Continuum of HIV Care by Gender: All Persons Diagnosed and Living with HIV Infection — California, 2011



Diagnosed persons met the Centers for Disease Control and Prevention surveillance case definition for HIV infection, and were presumed to be alive and living in California if no death document was received and they were residing in California as of the last known address. Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be engaged in HIV care. Persons who had two or more CD4, viral load or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year were considered retained in care. Persons whose most recent viral load test result during the calendar year was ≤ 200 copies/ml were considered to be virally suppressed for HIV. Note that 671 cases alive at some time during the year were no longer alive at the end of the calendar year and they were excluded from the figure. Current gender was determined as of the last day of the calendar year. Persons were classified as being transgender if a case report form affirming their transgender status was present in HIV surveillance data.

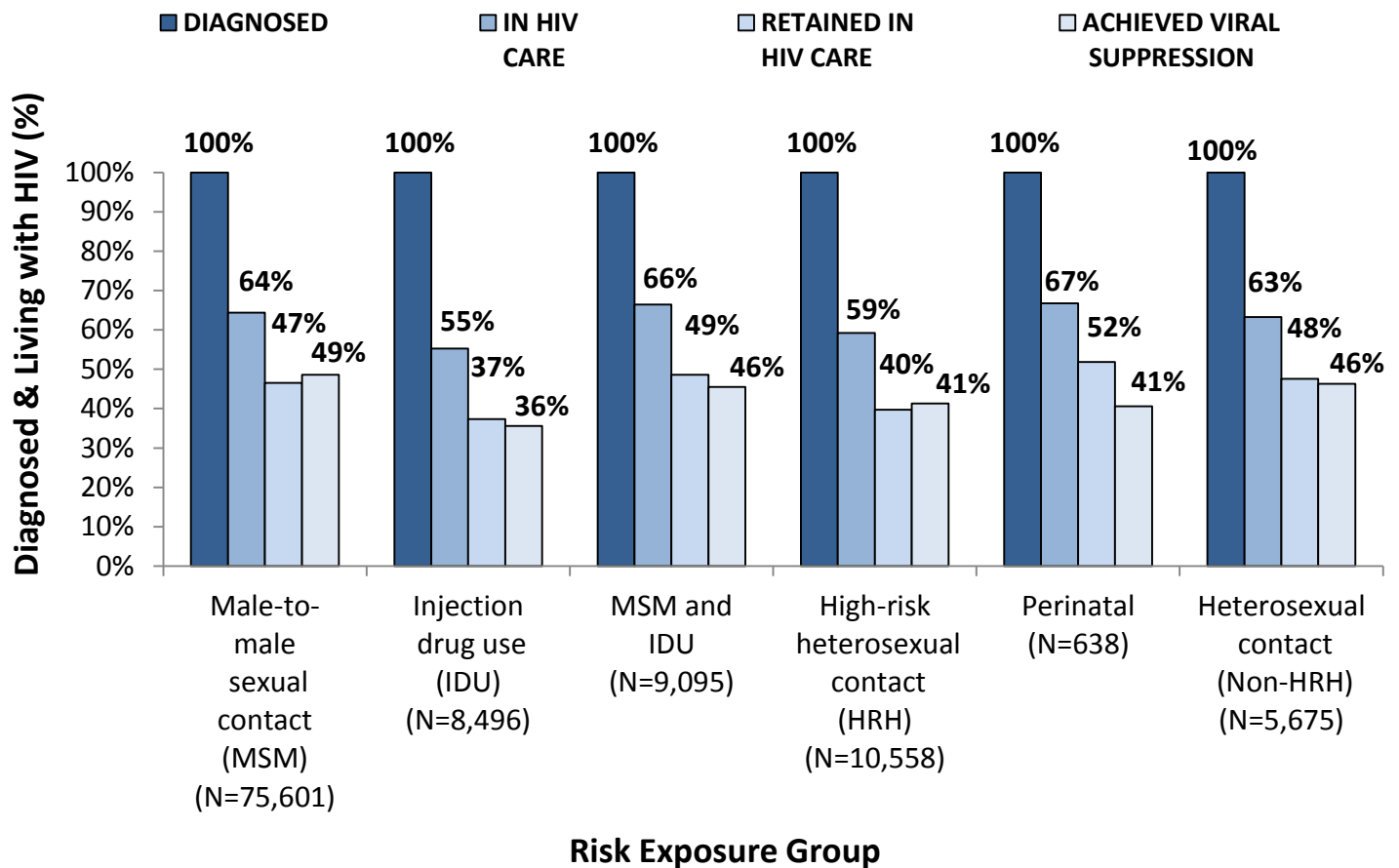
Figure 5. The Continuum of HIV Care by Race/Ethnicity: All Persons Diagnosed and Living with HIV Infection — California, 2011



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Hispanic/Latino(a) persons can be of any race. Race/ethnicity was collected using Asian/Native Hawaiian/Pacific Islander as a single category until 2003; therefore cases reported prior to 2003 are classified as Asian above because they cannot be disaggregated. Although California Government Code Section 8310.5 requires the Department to tabulate information by expanded ethnicities for each major Asian and Pacific Islander group, the data shown here are not disaggregated in to those groups in order to maintain the confidentiality of these persons. There were fifteen persons diagnosed and living with HIV in California with an unknown race/ethnicity.

Figure 6. The Continuum of HIV Care by Risk Exposure Group: All Persons Diagnosed and Living with HIV Infection — California, 2011



Diagnosed persons met the Centers for Disease Control and Prevention surveillance case definition for HIV infection, and were presumed to be alive and living in California if no death document was received and they were residing in California as of the last known address. Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be engaged in HIV care. Persons who had two or more CD4, viral load or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year were considered retained in care. Persons whose most recent viral load test result during the calendar year was ≤ 200 copies/ml were considered to be virally suppressed for HIV. Note that 671 cases alive at some time during the year were no longer alive at the end of the calendar year and they were excluded from the figure.

High-risk Heterosexual contact (HRH) includes persons who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth, and that partner was known to be HIV positive or engage an activity that put them at high risk for HIV (e.g., MSM, IDU). Heterosexual contact non-high risk (Non-HRH) includes persons with no other identified risk who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth. Perinatal includes persons who were exposed immediately before, during, or after birth due to breastfeeding. Among the persons living with HIV in California in the calendar year 2011 there were 458 who were categorized as having 'other' risks such as having hemophilia, receiving a blood transfusion, or experiencing an occupational exposure. An additional 4,221 persons had no known risks reported and were categorized as 'Unknown risk'; they are not shown in the above figure.